Comment on: The Impact of Preoperative Immune Modulating Nutrition on Outcomes in Patients Undergoing Surgery for Gastrointestinal Cancer

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Letter

To the editor,

We read with interest the review by Adiamah et al (1) exploring the impact of pre-operative immune modulating nutrition on outcomes following surgery for gastrointestinal cancer. We commend the authors on attempting to determine the effect of a simple pre-operative intervention for a common problem, with current literature consistently reporting over 40% of patients undergoing surgery for gastrointestinal cancer are malnourished (2). However, we highlight some concerns relating to the authors conclusions, study limitations and generalisability to global patient populations.

Firstly, no mention within the review is made of the criteria used by individual studies to define surgical site infection (SSI), such as those by the Centre for Disease Control and Prevention (3). As the primary reported outcome measure, a consistent definition of SSI is required across studies and consequently strong conclusions relating to the impact of immune modulating nutrition on SSI may be limited. This review could be strengthened significantly by the reporting of SSI criteria used by each included study.

Malnutrition in patients with cancer undergoing major surgery is associated with higher post-operative mortality and morbidity. However 1235/1387 patients in this systematic review had either no malnourishment or their nutrition status went unreported, which suggests a heavily selected patient cohort within the included studies. Only one study determined the effect of nutritional supplementation on a sample that solely recruited malnourished patients (4).

In addition, the prevalence of malnutrition for gastrointestinal cancer patients from low- and middle-income countries is higher (5)(6). However eligible studies within these settings are likely to have been omitted as the World Health organization Global Index Medicus databases and clinical trial registries were not included within the search strategy. It can therefore be proposed that the effect of pre-operative nutrition on post-operative outcomes is likely to be underestimated and these conclusions have limited applicability to a broader population, particularly those with advanced stage disease and co-morbidity who would potentially benefit most from nutritional intervention.

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